PRINTED: 06/01/2010 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5005ADA 04/15/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1417 LAS VEGAS BLVD N **HELP OF SOUTHERN NEVADA** LAS VEGAS, NV 89101 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 000 **Initial Comment** D 000 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 4/15/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eight residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was Eight. Eight resident files and twelve employee files were reviewed. One discharged resident file was reviewed. D 041 NAC 449.102 Inventory of client's belongings D 041 SS=B If a facility holds or stores a client's belongings, there must be an inventory of the belongings on admission, made a part of the client's record, and updated as needed. These belongings must be returned to the client upon his exit.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Scope: 2

This Regulation is not met as evidenced by: Based on record review on 4/15/10, the facility failed to take an inventory of belongings on admission for 2 of 8 residents (Resident #1 and

#2).

Severity: 1

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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D 089	Continued From page 1			D 089				
D 089 SS=A	D 089 SS=A 9. A personnel record must be maintained for each employee. The record must contain: (a) The employment application This Regulation is not met as evidenced by: Based on record review on 4/15/10, the facility failed to obtain an employment application for 1 of 12 employees (Employee #1). Severity: 1 Scope: 1			D 089				
D 090 SS=C	D 090 NAC 449.114(9)(b) Employees 9. A personnel record must be maintained each employee. The record must contain: (b) Letters of recommendation		or	D 090				
	Based on record revidid not obtain letters 12 employees (Employees, #10, and #11).	ot met as evidenced by ew on 4/15/10, the facil of recommendation for oyee #1, #2, #3, #4, #6	ity 9 of					
	Severity: 1 Scope:	3						
D 091 SS=A	NAC 449.114(9)(c) E 9. A personnel record each employee. The (c) Reference investi	d must be maintained for record must contain:	DF .	D 091				
	Based on record revi	ot met as evidenced by ew on 4/15/10, the facil ference investigation of	ity					

Bureau of Health Care Quality and Compliance

AND DIAN OF CODDECTION 1		(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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D 091	Continued From page		D 091						
	12 employees (Employee #2 and #9).								
	Severity: 1 Scope: 1								
D 093 SS=A	NAC 449.114(9)(e) Employees			D 093					
	9. A personnel record must be maintained for each employee. The record must contain: (e) Documentation of attendance at the orientation session for new employees;								
	This Regulation is not Based on record reviet failed to provide docu orientation for 1 of 12 #11).	ity d							
	Severity: 1 Scope:	1							
D 094 SS=A	NAC 449.114(9)(f) Employees			D 094					
	9. A personnel record must be maintained for each employee. The record must contain:(f) Job performance evaluations;								
	This Regulation is not met as evidenced by: Based on record review on 4/15/10, the facility did not perform a job performance evaluation on 2 of 12 employees (Employee #3 and #8).								
	Severity: 1 Scope:	1							
D 100 SS=F	NAC 449.117 Physica	al Examinations		D 100					
	documentation showi	I in a facility must have ng that they are in applicable provisions of	f						

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(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious

stage; and

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FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5005ADA 04/15/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1417 LAS VEGAS BLVD N **HELP OF SOUTHERN NEVADA** LAS VEGAS, NV 89101 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 100 Continued From page 4 D 100 (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary

symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall

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Based on record review on 4/15/10, the facility failed to ensure that fire drills were conducted monthly during the past 6 of 12 months (October, November and December of 2009; January,

February and March of 2010).

Severity: 2 Scope: 2

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
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D 215	Continued From page 6			D 215					
D 215 SS=D	NAC 449.141(7) Health Services 7. There must be one staff person in the facility who is capable of providing cardiopulmonary resuscitation at all times. Staff members providing cardiopulmonary resuscitation must be qualified by the American Red Cross or another recognized agency. This Regulation is not met as evidenced by: Based on record review on 4/15/10, the facility did not ensure that 1 of 6 assistant resident managers (or caregivers) had evidence of cardiopulmonary resuscitation training (CPR) (Employee #11).			D 215					
	Severity: 2 Scope:	1							
D 216 SS=D		al programs must unde at meets the requireme		D 216					
	NAC 441A.380 Admir medical facilities, faci homes for individual respiratory isolation; counseling and preve documentation. (NRS 1. Except as otherwis before admitting a pe extended care, skilled care, the staff of the fi	entive treatment;	eain or g; on, by for te a a ten						

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5005ADA 04/15/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1417 LAS VEGAS BLVD N **HELP OF SOUTHERN NEVADA** LAS VEGAS, NV 89101 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 216 Continued From page 7 D 216 2. Except as otherwise provided in this section. the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually

thereafter, unless the medical director or his

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admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person

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did not ensure that 1 of 8 residents met the requirements of NAC 441A.380 concerning

tuberculosis (TB) (Resident #6).

Severity: 2 Scope: 1

Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5005ADA 04/15/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1417 LAS VEGAS BLVD N **HELP OF SOUTHERN NEVADA** LAS VEGAS, NV 89101 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 217 NAC 449.141(9) Health Services D 217 9. Each facility shall maintain and have readily available first-aid supplies. Staff members shall have evidence that they have received training on the use of first-aid supplies. This Regulation is not met as evidenced by: Based on record review on 4/15/10, the facility did not ensure that 2 of 6 assistant resident managers (or caregivers) had evidence of first aid training (Employee #11 and #12). Severity: 2 Scope: 2